C/E	ATTE OF COUTEY CAROLINA	`	256553
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo		BEFORE PRODUZ PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA	
)) TRANS	SPORTATION COVER SHEET
) DOCKET) NUMBER: 20/5 - 148 - T	
) have a Docket Nu	t time filing an application with the PSC, you will not amber. The Commission will assign one to you. If you he Commission before, a Docket Number was assigned tered above.
	ase type or print)	Tolombono	QU2 ((> 7 //)
	dress: 1671 Lauda Dr.	Telephone: Fax:	843 697 7400
2 KU	Mount Pleasant SC	Other:	
	2944	Email:	matt @coastalling Charloten con
as re	TE: The cover sheet and information contained herein neither replaced required by law. This form is required for use by the Public Service lled out completely.	Commission of So	uth Carolina for the purpose of docketing and must
	NATURE OF ACTIO	N (Check all tha	t apply)
	Application – Class C Taxi		Request to Amend Scope of Authority
	Application – Class C Charter		Request to Amend Tariff (rate increase, etc.)
	Application – Class C Charter Bus		Request to Amend Passenger Limit
	Application – Class C Non-Emergency		Request
	Application – Class E Household Goods		Exhibit
	Application – Class E Hazardous Waste		Late-Filed Exhibit
	Application		Letter D D
	Request for Extension to Comply with Order		Proposed Order
	Request for Order Granting Authority to Obtain Certificate Public Convenience and Necessity to Be Rescinded	of \Box	Proposed Order MAY 1 2 2015 Publisher's Affidavit
	Request for Cancellation of Certificate		Reservation Letter PSC SC PSC P
	Request for Suspension		Response

Return to Petition

Other:

Request for Reinstatement

Request for Name Change on Certificate

CLASS C AMENDMENT FORM

File the original with:	Mail or fax a copy to:			
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815			
DATE: 5 C 15				
I have the following Certificate:				
Class C Taxi # Class C Charter # Class C Charter Bus # TBD				
Class C Non-Emergency #				
Please consider this as my request for the following amendment(s) to my Certificate:				
Name Change				
From: COOSTAL Limo & TOXILL DBA:				
(Current Name)	(Current DBA if applicable)			
TO: Coastal Limbusine Of Challeston DE (New Name)	BA:(New DBA if applicable)			
Scope of Authority				
From:	Го:			
(Current Scope)	(New Scope)			
Passenger Limit				
From:	Го:			
(Current Limit Number)	(New Limit Number)			
Coastal Limousine Of Charleston	1671 Lauda Dr.			
Name & DBA if DBA is applicable)	(Street and/or Mailing Address)			
Mount pleasant SC 29464 (City, State, Zip Code)	Matt Miller			
(City, State, Zip Code)	(Signature)			
843 C977400	Owner			
(Telephone Number)	(Title) Owner, President, etc.			

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

COASTAL LIMOUSINE OF CHARLESTON LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 27th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of May. 2015.

Mark Hammond, Secretary of State